

**SUFFOLK COUNTY DEPARTMENT OF LABOR - *LIVING WAGE* UNIT**

**COVERED EMPLOYEE COMPLAINT FORM**

Living Wage Law, Suffolk County Code, Chapter 347 (2001)

**COMPLAINANT:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**IMMEDIATE SUPERVISOR NAME:** \_\_\_\_\_

**IMMEDIATE SUPERVISOR TITLE:** \_\_\_\_\_

**COVERED EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**WORKSITE ADDRESS IF DIFFERENT FROM ABOVE:** \_\_\_\_\_

\_\_\_\_\_

**NATURE OF COMPLAINT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTACH OTHER SHEETS & DOCUMENTS AS NEEDED**

\_\_\_\_\_  
**(Signature of Complainant)**

\_\_\_\_\_  
**(Date)**

Forward to: **Suffolk County Department of Labor**  
**Living Wage Unit**  
P.O. Box 1319  
Smithtown, NY 11787-0895